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Apr 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J66055

(1)

1. Corporation Name

THE JALO CORPORATION

Principal Place of Business

2241 NE 201ST ST.
P.O. BOX 630755 (33162)
NORTH MIAMI BEACH FL 33180

Mailing Address

2241 NE 201ST ST.
P.O. BOX 630755 (33162)
NORTH MIAMI BEACH FL 33180-1833



3. Date Incorporated or Qualified

04/08/1987

3a. Date of Last Report

04/28/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

GALE, LOVEY
2241 NE 201 ST.
MIAMI FL

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME
DP
GALE, JACK
STREET ADDRESS
2241 NE 201ST ST.
CITY-ST-ZIP
MIAMI FL

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

MIAMI, FL 33180

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME
DST
GALE, LOVEY
STREET ADDRESS
2241 NE 201ST ST.
CITY-ST-ZIP
MIAMI FL

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

MIAMI, FL 33180

TITLE ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition

NAME
DV
GALE, GARY
STREET ADDRESS
2241 NE 201ST ST.
CITY-ST-ZIP
MIAMI FL

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

MIAMI, FL 33180

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR LOVEY GALE

Date

Daytime Phone #

0244273

CR2E034 (9/96)